



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Developmental Disabilities Administration

Frank W. Kirkland, Executive Director

Memorandum

To: Executive Directors

CC: Support Brokers
DDA Assistant and Regional Directors
DDA Regional QA Directors
Amy Daugherty, Chief, QA
Jennifer Baker, OHCQ

From: Frank Kirkland, Executive Director 

Date: February 6, 2012

Re: Individual Plans

I am writing to remind you of the importance and mandated responsibilities of resource coordinators and DDA-licensed providers in the development and implementation of the Individual Plans (IP). I am also addressing questions regarding DDA's request for copies of all IPs. People receiving ongoing funding from DDA for services shall have a comprehensive IP that includes the components as outlined in 10.22.05.02. In addition, COMAR 10.22.05.03A specifies that the resource coordinator shall ensure that each person has an IP. If the person does not have a Resource Coordinator, the licensed provider is responsible for ensuring that the IP requirements are met.

It is important for resource coordinators, providers, and regional offices to review, monitor, and track IPs to determine if they are meeting people's needs and for compliance with Federal and State requirements including the Medicaid Waiver programs.

Through a person directed approach, each individual, with assistance from the individual's team, is the designer of the services and supports reflected in their IP.

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.state.md.us

The IP is a single plan for the provision of **all services and supports** including non-DDA funding services. It is outcome oriented and is intended to specify all needed assessments, services, and training.

Some critical mandates that you need to focus on include:

1. Each IP shall contain all components listed in 10.22.05B (1) – (14). Services that are not applicable for the person should be so noted as such.
2. Outcomes identified shall relate to the desired quality of life as defined by the person. Please note that enrolling in one of the DDA waivers is not an outcome. Please review COMAR 10.22.04 Values, Outcomes, and Fundamental Rights.
3. The plan should contain measurable goals and strategies to work toward an outcome as per 10.22.05B (6).
4. The goals and service type, frequency, and duration to be provided should be reflected in the IP document.
5. There should also be documentation of progress toward the achievement of goals as per 10.22.05B (9).
6. During annual meetings or as needed, a determination of whether the needs of the person can be met in a more integrated setting should be reviewed and action taken as appropriate.
7. People residing in a State Residential Centers shall also have all components associated with the Written Plan of Habilitation as noted in 10.22.05 B. (14) and 10.22.05.03C.
8. To ensure choice of services providers, please document within your IP that the person was offered choice between and among services and providers.
9. All IP shall be reviewed and updated at least annually, within 365 of the last plan, or more often as needed as per COMAR 10.22.05.05C.

To improve outcomes and services for people; track, monitor and report on quality and compliance; and develop system improvement, the DDA has requested and reviewed IPs developed from July 1, 2011 to present. If you have not provided copies of the IPs from July 1, 2011 to the present, please forward them to the Regional Office immediately. Electronic or hard copies of the aforementioned IPs must be received by DDA Regional offices in a timely manner. Lack of compliance could adversely affect federal funding which is crucial to DDA's ability to fund services.

the DDA understands that various providers may develop various components of the IP (i.e. implementation strategies and behavior programs) after the annual meeting. The goals and type, frequency, and duration of services to be provided should, however, be completed during the meeting and be reflected in the IP document. Ultimately it is the responsibility of the Resource Coordinator to ensure that the IP is complete and meets all the requirements of COMAR 10.22.05. Provider agencies are responsible for providing any additional

February 6, 2012

documentation related to the implementation of the services and goals to the Resource Coordinator at the IP. Providers shall implement services; in accordance with the time frames set forth in COMAR 10.22.05.06. Developing a specific turnaround of documents needed for the completed IP during the annual meeting may assist in meeting your compliance criteria.

The Resource Coordination agency will be responsible for forwarding the completed IP to the Regional Office within 30 days after the meeting. In the event that a person does not have resource coordination services, the provider agency will be responsible for forwarding the completed IP to the Region in the same time frame. The responsible entity (Resource Coordinator or provider) is to notify the Regional Office of the reason for any delays in conducting or providing the IP to the Region and the steps taken to remediate future occurrences.

If you have any additional questions, please contact your Regional Director.

